

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER MAXIMIZE LOTTERY FUNDING FOR EDUCATION NOW! WITH MAJOR FUNDING FROM TECHNOLOGY SUPPLIER GTECH			Date of This Filing 01/07/2010	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1323061		Report No. 10DAY #001		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/04/2010	GTECH PROVIDENCE, RI 02903	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200,000.00
01/04/2010	GTECH PROVIDENCE, RI 02903 Memo Reference: INC:S497:2	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other

PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER MAXIMIZE LOTTERY FUNDING FOR EDUCATION NOW! WITH MAJOR FUNDING FROM TECHNOLOGY SUPPLIER GTECH			Date of This Filing 01/07/2010	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (415)389-6800		I.D. NUMBER (if applicable) 1323061			
STREET ADDRESS			Report No. 10DAY #001	Page 2 of 3	For Official Use Only
CITY SAN RAFAEL			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
STATE CA			No. of Pages 3		
ZIP CODE 94901					

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: INC:S497:2
LOAN